

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025311

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5771

STATE FILE NUMBER

FILED JUN 18 1962

1. PLACE OF DEATH
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis,

Length of stay in 1b

a. STATE

Missouri

b. COUNTY

Inside Limits

Yes ☐ No ☐c. FULL NAME OF (IF NOT in hospital, give location)
HOSPITAL OR INSTITUTION Lutheran Hospital

Inside Limits

Yes ☐ No ☐d. STREET
ADDRESS

(If outside, give location)

3918 Iowa Ave.

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Alvin

Washford

4. DATE
OF DEATH

Month

Day

Year

June

8

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10/29/1896

9. AGE (last birthday)

65

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Foreman

10b. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (City and state or country)

Breese, Illinois

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Don't Know

13b. MOTHER'S MAIDEN NAME

Theresa Schonoff

14. NAME OF HUSBAND OR WIFE

Pauline Washford

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Pauline Washford 3918 Iowa Ave.

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

4 wks

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Generalized Arterio Sclerosis

5 yrs

DUE TO (c)

4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a).

Left Hemiplegia

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

none

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

none

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Jan 1 1961

to June 8 1962

and last saw him alive on June 8 1962

Death occurred at

2:45 P.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Vappa Shumpe M.D.

22b. ADDRESS

3933 S Grand

22c. DATE SIGNED

June 9 1962

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

6/11/62

23c. NAME OF CEMETERY OR CREMATORY

Resurrection Cemetery

23d. LOCATION (City, town, or county)

St. Louis, County, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Gebken-Benz Mortuary 2842 Meramec St.
St. Louis 18, Missouri

25. DATE RECD. BY LOCAL REG.

JUN 11 1962

26. REGISTRAR'S SIGNATURE

Robert Smith, M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by Me, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Joe S. Benz

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.

St. Louis 18, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.